

(1) PLACE OF BIRTH

County of SimpsonvilleTownship of 2nd. Farmor
Inc. Town ofor
City of(No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health

File No.—For State Registrar Only

15170

Registration District No. 2212 Registered No. 29
(For use of Local Registrar)(2) Full Name of Child Whuber Holliday { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth
To be answered only in event of Twins or Triplets(6) Are Parents Married? Yes(7) DATE OF BIRTH May 11, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Wm. Holliday(9) PRESENT POSTOFFICE OF FATHER Simpsonville R(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 48
(Years)(12) BIRTHPLACE SC(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Avery(15) PRESENT POSTOFFICE OF MOTHER Simpsonville(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 32
(Years)(18) BIRTHPLACE SC(19) OCCUPATION at home(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was.... born..... at 8 P.M.
on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) J. P. Stoddard

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed May 19 22 (28) W. A. Ross
Local Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.